



04-09-01

A
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No: 28349/37268

J1033 U.S. PTO
09/827641
04/06/01

CONTINUING APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)

Box Patent Application
Commissioner for Patents
Washington, D.C. 20231

Sir:

This is a request under 37 CFR 1.53 for filing a

continuation-in-part application.
 divisional application.

1. Particulars of Prior Application

Application Serial No:	09/301,477
Filed on:	April 28, 1999
Title:	"Method and Device for Maintaining the Performance Quality of a Code-Division Multiple Access System in the Presence of Narrow Band Interference"
Art Unit:	2744
Examiner:	Unknown
Prior Docket No.:	FS-00362

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this Continuing Application Transmittal Under 37 CFR 1.53(b) and the documents referred to as enclosed therewith are being deposited with the United States Postal Service on **April 6, 2001**, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231 utilizing the "Express Mail Post Office to Addressee" service of the United States Postal Service under Mailing Label No. EM 099 903 255 US.

A handwritten signature in black ink, appearing to read "Richard Zimmermann". Below the signature, the name "Richard Zimmermann" is printed in a smaller, sans-serif font.

2. This request is filed by:

1. Full Name of Inventor	Family Name Jagger	First Given Name Charles	Second Given Name E.
Residence & Citizenship	City Toronto	State or Foreign Country Ontario	Country of Citizenship Canada
Post Office Address	Post Office Address 46 Foursome Crescent	City Toronto	State & Zip Code/Country Ontario, M2P1W3 Canada
2. Full Name of Inventor	Family Name Willetts	First Given Name Mark	Second Given Name N.
Residence & Citizenship	City Etobicoke	State or Foreign Country Ontario	Country of Citizenship Canada
Post Office Address	Post Office Address 61 Twenty-Seventh Street	City Etobicoke	State & Zip Code/Country Ontario, M8W2X2, Canada
3. Full Name of Inventor	Family Name Tobia	First Given Name Micolino	Second Given Name
Residence & Citizenship	City Woodbridge	State or Foreign Country Ontario	Country of Citizenship Canada
Post Office Address	Post Office Address 25 Ayton Cr.	City Woodbridge	State & Zip Code/Country Ontario, L4L7H8, Canada

This application is being filed by less than all the inventors named in the prior application. An accompanying statement requests deletion of the name(s) of the person(s) who are not inventors of the invention being claimed in this application.

3. Amendments

- Amend the specification by inserting before the first line the sentence:
--This is a of U.S. application Serial No. , filed .--
- Cancel claims _____ in the prior application before calculating the filing fee.
- A Preliminary Amendment is enclosed.
- The filing fee is based upon entry of the foregoing amendment(s) (if any).

4. Copy of Prior Application

The enclosed is a copy of the prior complete application, including the specification (with claims), drawings, the oath or declaration, and any amendments referred to in the oath or declaration filed to complete the prior application.

5. Incorporation By Reference

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under paragraph 4, above, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. Priority

- Priority of application No. _____, filed on _____ in _____ is claimed under 35 USC 119.
- The certified copy(ies) was(were) filed in prior U.S. application Serial No. _____.
- The certified copy(ies) has(have) not been filed.

7. Assignment

- The prior application is assigned of record to Lockheed Martin Corporation, and has been recorded at Reel No. 9940, Frame No. 0569.

8. Small Entity Status

- Applicant claims small entity status. See 37 CFR 1.27.
- A small entity statement is(are) attached.

9. Fee Calculation

CLAIMS AS FILED - INCLUDING PRELIMINARY AMENDMENT (IF ANY)						
			SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE				\$355.00		\$710.00
TOTAL	16 -20	= 0	X 9 =	\$	X 18 =	\$0
INDEP.	4 - 3	= 1	X 40 =	\$	X 80 =	\$80.00
<input type="checkbox"/> First Presentation of Multiple Dependent Claim			+ 135 =	\$	+ 270 =	\$
			Filing Fee:	\$	OR	\$790.00

10. Method of Payment of Fees

Attached is a check in the amount of: \$

Charge Deposit Account No. 13-2855 in the amount of: \$790.00
A copy of this Transmittal is enclosed.

11. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 37 CFR 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, O'Toole, Gerstein, Murray & Borun at the address below.

12. Correspondence Address

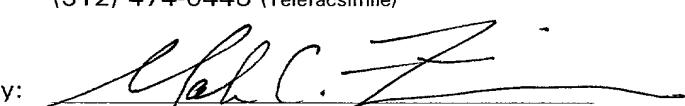
Customer No.: 04743

Respectfully submitted,

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April 6, 2001

By:


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